AS-NEEDED/GRC TASK SUBCONTRACTOR/ SUPPLIER PARTICIPATION LIST

	CT NAME:	BID NO.: DATE: TASK AMOUNT:				
SUB	IE AND ADDRESS CONTRACTORS/ CONSULTANTS/ SUPPLIERS	SCOPE OF WORK	DOLLAR VALUE OF CONTRACT	MBE, WBE, DBE, DVBE, OBE, ELBE, SLBE, SDB, WoSB, HUBZone, OR SDVOSB ①	WHERE CERTIFIED②	
① As appropriate, the Contractor shall identify Subcontractor /Supplier as one of the following and shall include a valid proof of certification (except for OBE, SLBE and ELBE):						
Cert Cert Othe Cert Cert Sma Wor HUI	Certified Minority Business Enterprise Certified Woman Business Enterprise Certified Disadvantaged Business Enterprise Certified Disabled Veteran Business Enterprise Other Business Enterprise Certified Emerging Local Business Enterprise Certified Small Local Business Enterprise Small Disadvantaged Business Woman-Owned Small Business HUBZone Business Service-Disabled Veteran Owned Small Business				MBE WBE DBE DVBE OBE ELBE SLBE SDB WoSB HUBZone SDVOSB	
	Transport to the contract of t					
State Cali San State City	City of San Diego State of California Department of Transportation California Public Utilities Commission San Diego Regional Minority Supplier Diversity Council State of California's Department of General Services City of Los Angeles State of California CA U.S. Small Business Administration				ITY ALTRANS PUC RMSDC ADoGS A BA	
The Contractor will not receive any subcontracting participation percentages if the Contractor fails to submit the required proof of certification (except for OBE, SLBE and ELBE).						
The above list is complete and certified as correct by:						

Print Name and Title

AS-NEEDED/GRC TASK SUBCONTRACTOR/SUPPLIER

Telephone Number
(Rev. December 2011)

PARTICIPATION LIST Form Number: AA36

Form Title:

Signature - (authorized representative of the Contractor)